

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 12 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857201 (8)

1. Corporation Name
BROKERAGE CONCEPTS, INC.



Principal Place of Business 651 ALLENDALE RD KING OF PRUSSIA PA 19406-8553 US	Mailing Address 651 ALLENDALE RD KING OF PRUSSIA PA 19406-8553 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 651 ALLENDALE ROAD Suite, Apt. #, etc. 22 City & State 23 KING OF PRUSSIA, PA. Zip 24 19406-1553 25 USA	2a. Mailing Address 26 651 ALLENDALE ROAD Suite, Apt. #, etc. 27 P.O. Box 61553 City & State 28 KING OF PRUSSIA PA Zip 29 19406-1553 30 USA
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3. Date Incorporated or Qualified 07/26/1983	3a. Date of Last Report 07/30/1996
4. FEI Number 23-1744287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FIELD, GRANGER, SANTRY & MITCHELL, P.A.
311 EAST PARK AVENUE
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KATZ, ARNOLD M.	
STREET ADDRESS	506 WALDRON PARK DR.	
CITY-ST-ZIP	HAVERFORD PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SINGER, AARON	
STREET ADDRESS	136 KIRKURN DRIVE	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHINE, MICHAEL P.	
STREET ADDRESS	109 CONCORD AVENUE	
CITY-ST-ZIP	EATON PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	136 KILBURN DRIVE
2.4 CITY-ST-ZIP	CHERRY HILL NJ 08003
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	RONALD BLUESTEIN
4.4 CITY-ST-ZIP	1353 BOBARN DRIVE
	NARBERTH, PA. 19072
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ARNOLD M. KATZ** *Arnold M. Katz* 8/11/97 610-491-4802

CR2E034 (4/97)